

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 18-00403
DEFENDANT SEAN I. COOK	TYPE OF PROCESS Service

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SEAN I. COOK
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 226 Wickersham Road Oxford, PA 19363

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case
	Check for service on U.S.A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service*)

The Defendant is incarcerated at Chester County Prison located at 501 South Wawaset Road, West Chester, PA 19382-6776. Prison ID number is 71857, please serve the Defendant.

Signature of Attorney other Originator requesting service behalf of	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 8/23/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. <i>CC</i>	District to Serve No. <i>CC</i>	Signature of Authorized USMS Deputy or Clerk <i>DeeDee (Se)</i>	Date 8/23/18
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endevours	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 9-13-18 SPOKE WITH MRS. QUINN, SUPERVISOR ATTORNEY'S OFFICE - They have NO SEAN I. COOK IN INSTITUTION OR ANY COMBINATION OF THAT NAME, ID# PROVIDED 71857 IS NOT A STATE NUMBER, STATE ID #'S ARE 2 LENGTH FOLLOWED BY 4 NUMBERS.

PRINT 5 COPIES.

1. CLERK OF THE COURT ALSO STATED BEST WAY TO SERVE PRIOR EDITIONS MAY BE USED
2. USMS RECORD IT IS BY MAIL ONCE WE HAVE PROPER ID# AND
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, 14 MATE NAME IF ANY AMOUNT IS OWED. PLEASE REMIT PROMPTLY PAYABLE TO U.S. MARSHAL.
5. ACKNOWLEDGMENT OF RECEIPT

PJD 0683